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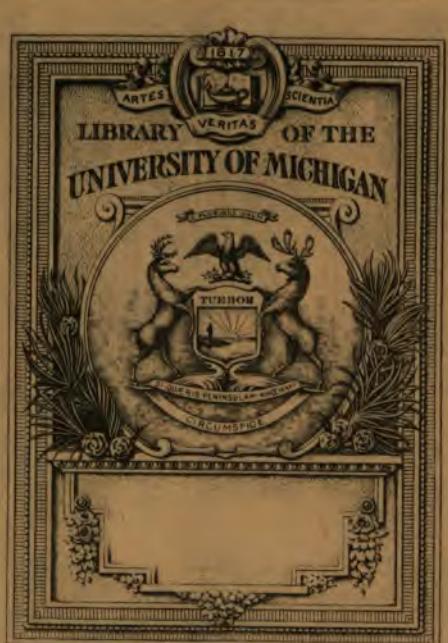
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NEVADA. (State) board of health.

Biennial report for period
ending December 31, 1912.





STATE OF NEVADA

Nevada OF THE
STATE BOARD OF HEALTH

For Period Ending December 31, 1912

S. L. LEE, M.D., Secretary



CARSON CITY, NEVADA

STATE PRINTING OFFICE

1913

JOE FARNSWORTH, SUPERINTENDENT



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STATE OF NEVADA

BIENNIAL REPORT
OF THE
STATE BOARD OF HEALTH

For Period Ending December 31, 1912

S. L. LEE, M.D., Secretary



CARSON CITY, NEVADA

STATE PRINTING OFFICE : : : : JOE FARNSWORTH, SUPERINTENDENT
1913



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LETTER OF TRANSMITTAL

OFFICE OF THE
SECRETARY OF THE STATE BOARD OF HEALTH,
CARSON CITY, NEVADA, January 13, 1913.

To His Excellency, TASKER L. ODDIE, Governor of the State of Nevada.

SIR: In compliance with law I herewith submit a report of the State Board of Health, the same being for the period from July 1, 1911, to December 31, 1912.

Respectfully,

S. L. LEE, M.D.,
Secretary of State Board of Health.

MEMBERS OF THE STATE BOARD OF HEALTH

W. H. HOOD, M.D., *President* Reno, Nevada
O. P. JOHNSTONE, M.D. Reno, Nevada
S. L. LEE, M.D., *Secretary* Carson City, Nevada

REPORT OF STATE BOARD OF HEALTH

THE VITAL STATISTICS LAW

An Act to create a State Board of Health, defining their duties, prescribing the manner of the appointments of its officers, fixing their compensation, making an appropriation for the support of said board, establishing County Boards of Health, requiring certain statements to be filed, defining certain misdemeanors and providing penalties therefor and other matters relating thereto.

Approved March 27, 1911, p. 392

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

SECTION 1. A State Board of Health is hereby created, consisting of a president, secretary and one other member.

The president and secretary shall be appointed by the Governor for a term of four years; said appointee shall have been engaged in the regular practice of medicine in the State of Nevada for a period of at least five years before being eligible to appointment on said Board of Health; the third member of the board shall be appointed by the Governor, and the president and secretary—the requirement as to the five years' practice shall not apply in his case.

SEC. 2. The State Board of Health shall meet at Carson City on the first Tuesday in January and the first Tuesday in July in each year, and at such other times as the president may deem advisable.

SEC. 3. The duties of the president are to preside over all meetings of the board, and to perform such other acts as may be fixed and determined by the State Board of Health. He shall receive the sum of \$20 per day for each day's session of the Board of Health, together with necessary traveling expenses.

SEC. 4. The secretary shall keep a record of all vital statistics, tabulate and issue semiannual bulletins and make out and file with the Governor a biennial report, showing in detail the work of the board. He shall carefully compile the reports of the various health officers of this State as hereinafter provided, keep the minutes of all meetings of the board, and attend to all correspondence in carrying out the provisions of this Act. He shall, when called upon by the local health officer in case of any epidemic, proceed immediately to such locality and render such assistance in his power to eradicate and prevent a recurrence of such epidemic when called upon so to do by the State Board of Health.

SEC. 5. The third member of the board shall attend all the semiannual meetings of the board, and such other meetings as may be called by the president, and consult and advise with the board whenever called upon so to do. He shall receive for each day's attendance at a meeting of the board the sum of \$20 and necessary traveling expenses.

SEC. 6. The local health officer in each county shall act as a collector of vital statistics and is empowered to appoint such deputy or deputies as may be necessary, with the approval of the Board of County

Commissioners. For collecting and compiling the vital statistics of the county he shall receive from the county a sum not less than \$25 per month, and the Board of County Commissioners are directed to allow a claim for this or for such greater sum as they may deem proper for the work performed; the deputies appointed by the local health officer, with the approval of the County Commissioners, shall be paid in the same manner, a sum not to exceed \$25 per month for registering and compiling the data prescribed by the State Board of Health and by this Act. The deputy health officers shall file with the local health officer monthly reports not later than the fifth day of each month, which said reports shall be compiled by the local health officer and forwarded to the secretary of the State Board of Health, not later than the tenth day of each month. He shall file a copy of said report with the County Recorder.

SEC. 7. The certificate of death that shall be used is of the United States standard form, as approved by the Bureau of the Census. The personal and statistical particulars shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts. The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such. The medical certificate shall be signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive, and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in the death, giving first the name of the disease causing death (primary cause), and the contributory (secondary) cause, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the State Board of Health shall be returned to the physician for correction and more definite statement. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, the means of injury shall be stated, and whether (probably) accidental, suicidal, or homicidal. And in deaths in hospitals, institutions, or of nonresidents, the physician shall furnish the information required under this head, and may state where, in his opinion, the disease was contracted.

SEC. 8. That in case of any death occurring without medical attendance, it shall be the duty of the undertaker to notify the local health officer of such death, and refer the case to him for immediate investigation and certification prior to issuing the permit; *provided*, where there is no qualified physician in attendance, and in such cases only, the local health officer is authorized to make the certificate and return from the statement of relatives or other persons having adequate knowledge of the facts; *provided, further*, that if the death was caused by unlawful or suspicious means, the local health officer shall then refer the case to the Coroner for investigation and certification. And any Coroner whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the name of the disease causing death, or if, from external causes (1) the means of death, and (2) whether (prob-

ably) accidental, suicidal or homicidal; and shall, in either case, furnish such information as may be required by the State Board of Health in order properly to classify the death.

SEC. 9. That the undertaker, or person acting as undertaker, shall be responsible for obtaining and filing the certificate of death with the local health officer, or his deputy, in the district in which the death occurred, and for securing a burial or removal permit, prior to any disposition of the body. He shall obtain the personal and statistical particulars required from the person best qualified to supply them, over the signature and address of his informant. He shall then present the certificate to the attending physician, if any, or to the health officer, or Coroner, for the medical certificate of the cause of death and other particulars necessary to complete the record, as specified in sections 7 and 8. And he shall then state the facts required relative to the date and place of burial, over his signature and with his address, and present the completed certificate to the local health officer, in order to obtain a permit for burial, removal or other disposition of the body. The undertaker shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring or otherwise disposing of the body; or shall attach the transit containing the registration removal permit to the box containing the corpse when shipped by any transportation company; said permit to accompany the corpse to its destination, where, if within the State of Nevada, it shall be delivered to the sexton or to any other person in charge of the place of burial.

SEC. 10. That if the interment or other disposition of the body is to be made within the State, the wording of the burial permit may be limited to a statement by the local health officer, and over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the deceased, stating the name, age, sex, cause of death, and other necessary details, upon the form prescribed by the State Board of Health.

SEC. 11. That no sexton or person in charge of any premises in which interments are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal or transit permit, as herein provided. And each sexton, or person in charge of any burial ground, shall endorse upon the permit the date of interment, over his signature and shall return all permits so endorsed to the local health officer of his district, within ten days from the date of interment, or within the time fixed by the local health officer, or by the State Board of Health. He shall also keep a record of all interments made in the premises under his charge, stating the name of the deceased person, place of death, date of burial, and name and address of undertaker; which record shall at all times be open to public inspection.

SEC. 12. That all births that occur in the State shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 13. That it shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this Act, with the local health officer, of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder or owner

of the premises, manager or superintendent of public or private institutions in which the birth occurred, to notify the local health officer, within ten days after the birth, of the fact that a birth has occurred. It shall then be the duty of the local health officer to secure the necessary information and signature to make a proper certificate of birth; *provided*, that in cities the certificate of birth shall be filed at a less interval than ten days after birth, if so required by municipal ordinance or regulations now in force or that may hereafter be enacted.

SEC. 14. That the certificate of birth shall contain the following items:

(1) Place of birth, including State, county, township or town, village or city. If in a city, the ward, street, and house number; if in a hospital or other institution, the name of the same to be given, instead of the street and house number.

(2) Full name of child. If the child dies without a name, before the certificate is filed, enter the words "died unnamed." If the living child has not yet been named at the date of filing certificate of birth, the space for "full name of child" is to be left blank, to be filled out subsequently by a supplemental report, as hereinafter provided.

(3) Sex of child.

(4) Whether a twin, triplet, or other plural birth. A separate certificate shall be required for each child in case of plural birth, giving number of child in order of birth.

(5) Whether legitimate or illegitimate.

(6) Full name of father, except for illegitimate children.

(7) Residence of father.

(8) Color or race of father.

(9) Birthplace of father; State or foreign country.

(10) Age of father at last birthday, in years.

(11) Occupation of father.

(12) Maiden name of mother.

(13) Residence of mother.

(14) Color or race of mother.

(15) Birthplace of mother; State or foreign country.

(16) Age of mother at last birthday, in years.

(17) Occupation of mother.

(18) Number of child of this mother, and number of children of this mother now living.

(19) Born at full term?

(20) The certificate of attending physician or midwife as to attendance at birth, including statement of year, month, day and hour of birth, and whether the child was alive or dead at birth. This certificate shall be signed by the attending physician or midwife, with date of signature and address; if there is no physician or midwife in attendance, then the father or mother of the child, householder or owner of the premises, or manager or superintendent of public or private institution, or other competent person, whose duty it shall be to notify the local health officer of such birth, as required by section 13 of this Act.

(21) Exact date of filing in office of local health officer attested by his official signature, and registered number of birth, as hereinafter provided.

All certificates, either of birth or death, shall be written legibly, in unfading black ink, and no certificate shall be held to be complete and

correct that does not supply all of the items of information called for herein, or satisfactorily account for their omission.

SEC. 15. That when any certificate of birth of a living child is presented without the statement of the given name, then the local health officer shall make out and deliver to the parents of the child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed, and returned to the local health officer as soon as the child shall have been named.

SEC. 16. That every physician, midwife and undertaker shall, without delay, register his or her name, address and occupation with the local health officer of the district in which he or she resides, or may hereafter establish a residence; and shall thereupon be supplied by the local health officer with a copy of this Act, together with such rules and regulations as may be prepared by the State Board of Health relative to its enforcement. Within thirty days after the close of each calendar year each local health officer shall make a return to the State Board of Health of all physicians, midwives or undertakers who have been registered in his district during the whole or any part of the preceding calendar year; *provided*, that no fee or other compensation shall be charged by local health officers to physicians, midwives or undertakers for registering their names under this section or making returns thereof to the State Board of Health.

SEC. 17. That all superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private, to which persons resort for treatment of diseases, confinement, or are committed by process of law, are hereby required to make a record of all the personal and statistical particulars relative to the inmates in their institutions at the date of approval of this Act, that are required in the forms of the certificates provided for by this Act, as directed by the State Board of Health; and thereafter such record shall be, by them, made for all future inmates at the time of their admission. And in case of persons admitted or committed for medical treatment of disease, the physician in charge shall specify for entry in the record, the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this section shall be obtained from the individual himself if it is practicable to do so; and when they can not be so obtained they shall be secured in as complete a manner as possible from relatives, friends, or other persons acquainted with the facts.

SEC. 18. That the State Board of Health shall prepare, print and supply to all local health officers all blanks and forms used in registering, recording and preserving the returns, or in otherwise carrying out the purposes of this Act; and shall prepare and issue such detailed instructions as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. And no other blanks shall be used than those supplied by the Secretary of the State Board of Health. He shall carefully examine the certificates received monthly from the local health officer, and if any such are incomplete or unsatisfactory, he shall require such further information to be furnished as may be necessary to make the record complete and satisfactory. And all physicians, midwives, informants or undertakers, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any

birth or death upon demand of the Secretary of the State Board of Health, in person, by mail, or through the local health officer. He shall further arrange, bind and permanently preserve the certificates in a systematic manner, and shall prepare and maintain a comprehensive and continuous card index of all births and deaths registered; the cards to show the name of child or deceased, place and date of birth or death, number of certificate, and the volume in which it is contained. He shall inform all health officers what diseases are to be considered as infectious, contagious, or communicable and dangerous to the public health, as decided by the State Board of Health, in order that when deaths occur from such diseases proper precautions may be taken to prevent the spreading of dangerous diseases.

SEC. 19. That it shall be the duty of the local health officer to supply blank forms of certificates to such persons as require them. Each local health officer shall carefully examine each certificate of birth or death when presented for record, to see that it has been made out in accordance with the provisions of this Act and the instructions of the State Board of Health; and if any certificate of death is incomplete or unsatisfactory, it shall be his duty to call attention to the defects in the return, and to withhold issuing the burial or removal permit until they are corrected. If the certificate of death is properly executed and complete, he shall then issue a burial or removal permit to the undertaker; *provided*, that in case the death occurred from some disease that is held by the State Board of Health to be infectious, contagious, or communicable and dangerous to the public health, no permit for the removal or other disposition of the body shall be granted by the local health officer, except under such conditions as may be prescribed by the State Board of Health. If a certificate of birth is incomplete, he shall immediately notify the informant, and require him to supply the missing items if they can be obtained. He shall then number consecutively the certificates of birth and death, in two separate series, beginning with the number 1 for the first birth and the first death in each calendar year, and sign his name as health officer, in attest of the date of filing in his office. He shall also make a complete and accurate copy of each birth and death certificate registered by him in a record book supplied by the State Board of Health, to be permanently preserved in his office as the local record, in such manner as directed by the State Board of Health. And he shall, on the tenth day of each month, transmit to the State Board of Health all original certificates registered by him during the preceding month. And if no birth or deaths occurred in any month, he shall, on the tenth day of the following month, report that fact to the State Board of Health, on a card provided for this purpose.

SEC. 20. That the State Board of Health shall, upon request, furnish any applicant a certified copy of the record of any birth or death registered under provisions of this Act, for the making and certification of which he shall be entitled to a fee of 50 cents, to be paid by the applicant. And any such copy of the record of a birth or death, when properly certified by the Secretary of the State Board of Health, to be a true copy thereof, shall be *prima facie* evidence in all courts and places of the facts therein stated. For any search of the files and records when no certified copy is made, the State Board of Health shall be entitled to a fee of 50 cents for each hour or fractional part of an hour of time of

search, to be paid by the applicant. And the State Board of Health shall keep a true and correct account of all fees received under these provisions.

SEC. 21. That any physician who was in medical attendance upon any deceased person at the time of death who shall neglect or refuse to make out and deliver to the undertaker, sexton or other person in charge of the interment, removal or other disposition of the body, upon request, the medical certificate of the cause of death, hereinbefore provided for, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$5 nor more than \$50. And if any physician shall knowingly make a false certification of the cause of death, in any case, he shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$50 nor more than \$200.

And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in section 13 of this Act, who shall neglect or refuse to file a proper certificate of birth with the local health officer within the time required by this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than \$5 nor more than \$50.

And any undertaker, sexton, or other person acting as undertaker, who shall inter, remove, or otherwise dispose of the body of any deceased person, without having received a burial or removal permit as herein provided, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$20 nor more than \$100.

And any local health officer, or his deputy who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Board of Health, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$100.

And any person who shall wilfully alter any certificate of birth or death, or the copy of any certificate of birth or death, on file in the office of the local or State Board of Health, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$100, or be imprisoned in the county jail not exceeding sixty days, or suffer both fine and imprisonment, in the discretion of the court.

And any other person or persons who shall violate any of the provisions of this Act, or who shall wilfully neglect or refuse to perform any duties imposed upon them by the provisions of this Act, or shall furnish false information to a physician, undertaker, midwife, or informant, for the purpose of making incorrect certification of births or deaths, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$5 nor more than \$100.

And any transportation company or common carrier transporting or carrying, or accepting through its agents or employees for transportation or carriage, the body of any deceased person, without an accompanying permit issued in accordance with the provisions of this Act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$50 nor more than \$200; *provided*, that in

case the death occurred outside of the State and the body is accompanied by a burial, removal, or transit permit issued in accordance with the law or Board of Health regulations in force when the death occurred, such burial, removal or transit permit may be held to authorize the transportation or carriage of the body into or through the State.

SEC. 22. That each local health officer is hereby charged with the strict and thorough enforcement of the provisions of this Act in his registration district, under the supervision and direction of the State Board of Health. And he shall make an immediate report to the State Board of Health of any violation of this law coming to his notice, by observation or upon complaint of any person, or otherwise. The State Board of Health is hereby charged with the thorough and efficient execution of the provisions of this Act in every part of the State, and with supervisory power over local health officers, to the end that all of its requirements shall be uniformly complied with. They shall have authority to investigate cases of irregularity or violation of the law, personally or by an accredited representative, and all local health officers shall aid him, upon request, in such investigations. When they shall deem it necessary, they shall report cases of violation of any of the provisions of this Act to the prosecuting attorney of the county, with a statement of the facts and circumstances; and when any such case is reported to him by the State Board of Health, the prosecuting attorney shall forthwith initiate and promptly follow up the necessary court proceedings against the person or corporation responsible for the alleged violation of law. And upon request of the State Board of Health, the Attorney-General shall likewise assist in the enforcement of the provisions of this Act.

SEC. 23. That the body of any person whose death occurs in the State shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, removed from or into any registration district or be held temporarily pending a further disposition more than seventy-two hours after death, until a permit for burial or removal or other disposition thereof shall have been properly issued by the local health officer of the registration district in which the death occurred. And no such burial or removal permit shall be issued by any local health officer until a complete and satisfactory certificate of death has been filed with him as hereinbefore provided; *provided*, that when a dead body is transported by a common carrier into a local health district in Nevada, for burial, then the transit and removal permit, issued in accordance with the law and health regulations of the place where the death occurred, when said death occurs outside of the State of Nevada, shall be accepted by that local health officer of the district, into which the body has been transported for burial or other disposition, as a basis upon which he shall issue a local burial permit, in the same way as if the death occurred in his district, he shall plainly enter upon the face of the burial permit the fact that it was a body shipped in for interment, and give the actual place of death; but a burial permit shall not be required from the local health officer of the district in which interment is made when a body is removed from one district in Nevada to another in this State, for purpose of burial or other disposition, either by common carrier, hearse, or other conveyance, and no local health officer shall require from undertakers, or persons acting as undertakers, any fee for the issue of burial or removal permits under this Act.

SEC. 24. That still-born children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local health officer, in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "still-birth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "still-born," with the cause of the still-birth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months if known; and a burial or removal permit in the usual form shall be required. Midwives shall not sign certificates of death for still-born children; but such cases, and still-births occurring without attendance of either physician or mid-wife, shall be treated as deaths without medical attendance, as provided in section 8 of this Act.

SEC. 25. The Secretary shall receive for his services a salary of \$1,500 per year, payable in equal monthly payments, and, when necessary, he shall be allowed the sum of \$300 a year for a stenographer; he shall also be allowed a sum not to exceed \$100 a year to provide a suitable office for the conduct of the affairs of the State Board of Health.

SEC. 26. For the purpose of carrying out the provisions of this Act the sum of \$5,000 is hereby appropriated out of any money in the General Fund not otherwise appropriated, and the State Controller is hereby authorized to draw his warrant on the State Treasury for the amount of these claims, or other necessary expenditures, when approved by the State Board of Health, and the State Treasurer is hereby directed to pay the same.

SEC. 27. The State Board of Health is hereby declared to be supreme in all health matters and they are empowered to remove any deputy or local health officer for any violation of any of the provisions of this Act.

SEC. 28. Each section of this Act and every part of each section thereof is hereby declared to be independent sections and parts of sections and the holding of any section or part thereof to be void or ineffective for any cause shall not be deemed to affect any other section or part thereof.

SEC. 29. The State Printer shall supply to the State Board of Health all stationery, blanks and bound books that may be required, on a requisition of the secretary of said board.

SEC. 30. All Acts or parts of Acts in conflict with this Act are hereby repealed.

The foregoing law was passed at the Twenty-fifth Session of the Nevada Legislature, and in compliance with its mandate in the appointment of the board, the Governor named Dr. W. H. Hood, of Reno, president, and Dr. S. L. Lee, of Carson City, secretary. The third member, Dr. O. P. Johnstone, of Reno, was agreed upon by Governor Oddie and Drs. Hood and Lee.

The board was organized in Carson City on May 10, 1911, and that the law might be put in operation as soon as possible the secretary sent to the County Commissioners of the several counties the following communication:

CARSON CITY, NEVADA, May 24, 1911.

To the Board of County Commissioners, County, Nevada.

GENTLEMEN: By the 1st of July, 1911, the Board of Health, appointed by the Governor in compliance with an Act passed by the last Legislature, approved March 27, 1911, will be ready to put the law into operation. With that end in view, it is hoped and expected that your honorable body will appoint at your June meeting the health officer and such assistants as may be needed, if any, for your county.

It is assumed that your county physician will be named by you as such local health officer. Of course it is not mandatory, but under the Act of 1905, creating County Boards of Health, the county physician is named as chairman of that body, and the Attorney-General holds that there is nothing in that Act in conflict with the one creating the State Board of Health, so I assume, as before stated, that you will name him as your local registrar.

As soon as your appointments are made, please advise me, and give the names of your appointees.

Enclosed I send a copy of the Act creating the State Board of Health. This is identical with the Act as passed by the Legislature and approved by the Governor. In it you will find your duties defined.

As soon as your appointments are made and I am advised of the same, I will forward to your health officer such records and blanks as are necessary for carrying on the work.

Sincerely yours,

S. L. LEE,
Secretary of State Board of Health.

Most of the counties responded promptly, and all of them complied with the request before the first of July.

The following is the list of the local or county health officers in Nevada:

Dr. G. M. Gardner	Churchill County	Fallon
Dr. Roy W. Martin	Clark County	Las Vegas
Dr. F. W. Marotz	Douglas County	Gardnerville
Dr. C. W. West	Elko County	Elko
Dr. E. A. Wheeler	Esmeralda County	Goldfield
Dr. W. F. Burnett	Eureka County	Eureka
Dr. P. J. Mangan	Humboldt County	Winnemucca
Dr. S. R. Clark	Lander County	Austin
Dr. Philip Stevens	Lincoln County	Caliente
Dr. G. E. Leavitt	Lyon County	Yerington
Dr. F. C. Pache	Mineral County	Hawthorne
Dr. C. J. Richards	Nye County	Tonopah
Dr. W. J. Circé	Ormsby County	Carson City
Dr. J. E. Toogood	Storey County	Virginia City
Dr. S. K. Morrison	Washoe County	Reno
Dr. L. T. Brock ¹	White Pine County	Ely

¹Dr. Wm. T. Gleason served as local health officer for White Pine County from July 1 to September 30, and was succeeded by Dr. L. T. Brock, as that county changes its county physician quarterly.

PLAQUE PREVENTION WORK

On June 21, 1911, the following letter from Colonel Rupert Blue, and addressed to the Secretary of the State Board of Health, was received:

TREASURY DEPARTMENT
UNITED STATES PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE,
OFFICE OF MEDICAL OFFICER IN COMMAND,
SAN FRANCISCO, CAL., June 20, 1911.

DR. S. L. LEE, *Secretary, Nevada State Board of Health, Carson City, Nevada.*

DEAR DOCTOR: This letter will be presented to you by two of our service hunters, Messrs. Wm. E. Yancey and W. C. Shannon, who have been sent to Nevada for the purpose of obtaining specimens of the rodents of the State.

Any information that you may be able to give them regarding the best places to locate for the purpose of hunting ground squirrels, etc., will be greatly appreciated.

Respectfully yours,

RUPERT BLUE,
Surgeon in Command.

The result of this field of work was as follows:

SAN FRANCISCO, CAL., July 18, 1911.

DR. S. L. LEE, *Secretary, Nevada State Board of Health, Carson City, Nevada.*

DEAR DOCTOR: The following is a detailed report of operations by this service in the State of Nevada, for the week ended July 8, 1911:

Douglas County

Number of ranches inspected.....	4
Number of ground squirrels shot.....	50
Number of ground squirrels examined bacteriologically.....	50 Negative

Ormsby County

Number of ranches inspected.....	11
Number of ground squirrels shot.....	77
Number of ground squirrels examined bacteriologically.....	77 Negative

For the week ended July 15, 1911:

Douglas County

Number of ranches inspected.....	6
Number of ground squirrels shot.....	49
Number of ground squirrels examined bacteriologically.....	49 Negative

Ormsby County

Number of ranches inspected.....	6
Number of ground squirrels shot.....	81
Number of ground squirrels examined bacteriologically.....	81 Negative

For the week ended July 22, 1911:

Douglas County

Number of ground squirrels shot.....	16
Number of ground squirrels examined bacteriologically.....	16 Negative

Ormsby County

Number of ground squirrels shot.....	69
Number of ground squirrels examined bacteriologically.....	69 Negative

For the week ended July 29, 1911:

Douglas County

Number of ground squirrels shot.....	51
Number of ground squirrels examined bacteriologically.....	51 Negative

Washoe County

Number of ground squirrels shot.....	103
Number of ground squirrels examined bacteriologically.....	103 Negative

For the week ended August 5, 1911:

Douglas County

Number of ground squirrels shot.....	109
Number of ground squirrels examined bacteriologically.....	109 Negative

Ormsby County

Number of ground squirrels shot.....	18
Number of ground squirrels examined bacteriologically.....	18 Negative

For the week ended August 12, 1911:

Douglas County

Number of ground squirrels shot.....	34
Number of ground squirrels examined bacteriologically.....	34 Negative

Ormsby County

Number of ground squirrels shot.....	43
Number of ground squirrels examined bacteriologically.....	43 Negative

Washoe County

Number of ground squirrels shot.....	31
Number of ground squirrels examined bacteriologically.....	31 Negative

For the week ended August 29, 1911:

Douglas County

Number of ground squirrels shot.....	95
Number of ground squirrels examined bacteriologically.....	95 Negative

Ormsby County

Number of ground squirrels shot.....	6
Number of ground squirrels examined bacteriologically.....	6 Negative

Respectfully yours,

RUPERT BLUE,
Surgeon, in Command.

With the above date the field work ended, and showed the destruction and bacteriologically examined ground squirrels to the number of 902, all giving negative results.

SANITARY EXAMINATION OF STATE WATER WORKS

During the months of July and August an epidemic of a gastro-intestinal character broke out among the children at the Orphans' Home.

As the buildings and grounds were perfectly sanitary and the food supply of the best, Dr. Donald Maclean, the attending physician, viewed with suspicion the water used for domestic purposes as a possible solution of the problem, and with that idea in view he laid the matter before the Board of Health.

The secretary, by letter, requested the director of the State Hygienic Laboratory to make, or have made, a sanitary survey of the state reservoir from which the Orphans' Home and other state institutions are supplied.

Dr. Mack, with characteristic promptness, complied with the request, and after the examination reported as follows:

RENO, NEVADA, September 8, 1911.

DR. S. L. LEE, *Secretary of State Board of Health, Carson City, Nevada.*

DEAR SIR: Pursuant to your request that the State Hygienic Laboratory make a sanitary examination of the water supplied to the State Orphans' Home, Dr. Johnstone visited Carson City August 24, went, accompanied by Dr. Maclean, to the reservoir and to the Orphans' Home, and collected specimens for laboratory examination. He was unable to visit the source of the water, high up in the mountains. That would have been desirable, that he might see the actual conditions existing in every portion of the system.

It appears to be current belief that this water is filtered. There is no evidence of filtration at the reservoir, and he could learn nothing definite in that regard. The reservoir is reasonably clean and well cared for. It is so situated as to be fairly safe from surface drainage. The water is clear, clean and of good appearance. There are a few algae growing in the water, but these have no sanitary significance when in moderate quantity. All stored surface waters have more or less algae in warm weather. While they are in themselves harmless, their presence should be noted, as they may give rise to certain nitrogenous compounds that might tend to confuse in interpreting the results of a chemical analysis of a water. There is no evidence of fecal contamination at the reservoir. Could Dr. Johnstone have covered the watershed, have traveled to the source of this water, he could have determined the opportunities there are, if any, for such contamination. So far as his observations extended there is nothing very objectionable in the surroundings.

A specimen of water taken from the reservoir and submitted to a chemical analysis showed the following parts per million:

Free ammonia	None
Albuminoid ammonia	0.026
Nitrogen as nitrites	None
Nitrogen as nitrates	None
Required oxygen	1.600
Chlorine	4.000

A specimen was taken from the reservoir and another from a tap at the Orphans' Home for bacteriological analysis. The first produced gas in cultures containing glucose; only one of the cultures showed sufficient gas to suggest fecal bacteria. All milk cultures were coagulated in twenty-four hours, but at the end of six days there was no digestion. Tests for the production of indol were all negative. The numbers of colonies which developed on plate cultures at incubator temperature were small, well within the limits set for an approved water. The results of cultures made from the water drawn from the tap were like those stated above except that one tube in three showed no gas production in glucose.

These results may be summed up as follows:

The chlorine content is low; the amount of required oxygen indicates considerable organic matter, but not an excessive amount, which is rather more likely to be of plant than of animal origin, when we consider the entire absence of free ammonia, and of nitrogen as either nitrites or nitrates. There is some albuminoid ammonia; this is usually considered objectionable, but, considered together with the other findings, it is altogether probable that it, too, comes from plant sources. The algae above noted might well account for much if not most of it. Bacteriologically the results are also favorable. The numbers of bacteria are low; the character of the growth in cultures is not particularly objectionable. The fermentation of glucose and the coagulation of milk are objectionable; still the amount of gas produced in all but one culture tends to allay considerably the suspicion of fecal bacteria this fact arouses; the fact that while milk was coagulated it was not digested also argues against the presence of fecal bacteria, while the entire absence of indol production is a very favorable indication. Taken altogether, these examinations indicate that this water is free from any serious objection. Should you desire a complete sanitary survey of the entire watershed this laboratory will send a representative to do that work provided you will supply the necessary conveyance and a competent guide to accompany him.

Respectfully submitted,

WINFRED B. MACK,
Director State Hygienic Laboratory.

HOOKWORM

One case of hookworm was reported from Storey County in October, 1911, and that being the first and only one reported in the State, Dr. J. E. Toogood, the attending physician, was requested to supply the board with a clinical history of the case, which he kindly submitted, and the same is hereto appended, also the report of Dr. O. P. Johnstone, bacteriologist of the State Hygienic Laboratory:

VIRGINIA CITY, NEVADA, December 19, 1911.

DEAR DOCTOR: In reply to your letter of some days ago requesting a history of my "hookworm" case, I will send you the following:

Early in October, 1911, Mr. J. R. presented himself to me for treatment and at that time I received the following history: Male, occupation quartz miner, married, age 37, height 5 feet 11 inches, weight 132 pounds, appetite variable, constipation severe, restless sleep, and a feeling of extreme languor following the night's rest and present more or less at all times. Marked anemia was apparent, hemoglobin, 80.

The family history did not disclose any hereditary affection, and careful physical examination failed to reveal any organic disease of the principal organs. Two years ago, on the advice of his physician, he removed to Sacramento, in the hope that a change of climate and altitude might prove beneficial. He received treatment there, but with no good results, and after several months he moved to

Reno, then to Tonopah, and finally returned here. His condition during the time gradually became worse, and he developed a severe nervous state. In the absence of physical signs, the marked anemia and extreme languor directed my attention primarily to a probable parasite infection of the intestine, *i. e.* hookworm.

I wrote to Dr. O. P. Johnstone, of the State Laboratory at Reno, and asked if he would make an examination of feces for this parasite. He replied that, although this was the first request of the kind, he would be glad to aid me in the matter. I at once sent him a specimen of the feces, and he reported that he was able to demonstrate both the ova and adult forms of the hookworm, thus verifying my diagnosis. Upon the laboratory report I used the following treatment:

I emptied the intestinal tract by the administration of an ounce of magnesium sulphate early at night, following a day in which only a very light breakfast and lunch were allowed but without any evening meal. The following morning at 4, 6, 8 and 10 o'clock, I ordered a capsule containing fifteen grains of thymol, in coarse crystals, to be taken, making in all sixty grains of the drug. Plenty of water was taken during the day, but no food. At 6 o'clock that evening one-half ounce of magnesium sulphate was given, and at 10 o'clock an egg-nog was allowed. During the next few days the normal diet was resumed. I then began the use of general tonics containing iron in various forms. Improvement in the patient's condition was continuous from that time, and at present he has been able to resume his work in the mines. His sleep is normal and refreshing, appetite good and nervous symptoms greatly reduced. I expect a complete recovery.

I am sure that there are other cases of hookworm infection among the miners of Nevada, and it should be looked for in all suspicious subjects.

In regard to the dose of thymol, I believe, with proper preparation of the patient by restricted diet and thoroughly emptying the intestinal canal before the drug is administered, that smaller doses may be given with positive results and with greater safety to the patient. The effect of the drug should be entirely local, and of course the smaller the amount of material in the intestinal tract to be acted upon the smaller the amount of the drug will be necessary. An examination of the feces should be made after the thymol treatment, and if there are still any signs of the infection present another course should be given.

Very truly yours,

J. E. TOOGOOD.

VIRGINIA CITY, NEVADA, January 2, 1912.

DEAR DOCTOR: In reply to your letter I will say that my "hookworm" patient was born in Nevada and, with the exception of short periods of time, has spent his life here so far. I am also sending you Dr. Johnstone's last report on the case.

Very truly yours,

J. E. TOOGOOD.

RENO, NEVADA, October 21, 1911.

DR. J. E. TOOGOOD, *Virginia City, Nevada.*

DEAR DOCTOR: Pardon the delay in reporting on the specimen of feces sent for hookworm examination. While I found quite a number of worms in the feces the day the specimen arrived, it being the first case of the kind met with here, I wanted to get all the evidence possible before reporting it positive. So I set the specimen aside in the laboratory to await the development of any ova present, and thus have the embryo forms to further confirm the diagnosis. Examination at present shows quite a number of embryos as well as the adult forms. So I feel justified in reporting the specimen as positive. It would be not only interesting, but of considerable importance, from the public health point of view to know how prevalent and how widely distributed the disease is in this State, and I should be pleased to have you send a specimen from any other suspicious cases you may have or know of in your community.

Very truly yours,

O. P. JOHNSTONE.

RENO, NEVADA, December 27, 1911.

DR. J. E. TOOGOOD, *Virginia City, Nevada.*

DEAR DOCTOR: I have made repeated examinations of the specimen of feces sent by you several days ago, and have not been able to find any hookworms.

Very truly yours,

O. P. JOHNSTONE.

ESTIVO-AUTUMNAL MALARIA IN NEVADA

At the request of the secretary of the State Board of Health, Dr. O. P. Johnstone, bacteriologist of the State Hygienic Laboratory (also member of the State Board of Health) gave the history of four cases of estivo-autumnal malaria that came under his observation recently.

On account of the rarity of such cases, and believing that it will prove of general interest to the profession, as well as an aid to the diagnostician, the report is here given in full.

During the past autumn four cases of estivo-autumnal malaria have been met with in Reno, with a brief history of the cases as follows:

CASE I: Mr. R., a man about 60 years of age, was born and raised in Southern Germany, coming to America about twenty-five years ago and locating in Southern California. Eleven years ago he moved to Nevada, where he has lived since, the last eight years living in Fallon, Nevada. During that time he gives a history of having been out of the State but once, about two years ago, when he took a trip to Northern Idaho, going by way of San Francisco and Seattle, but not stopping in either place. He says he has had "chills and fever" several times in the past five years. He entered the Sisters' Hospital in Reno early in September, having been sick about two weeks. Typhoid fever was suspected and a Widal test made, which was negative. Smears of blood were then examined, which showed enormous numbers of ring forms of estivo-autumnal malaria, and large numbers of crescents.

CASE II: Mr. K., a man about 30 years of age, gives a history of having been in Panama for one month, about six years ago. He had no sickness while there, nor since till the present autumn. After returning from Panama he lived in Bakersfield and the oil regions of California the following five years, then going to Sacramento for eight or ten days, then to Reno for about two months. He then returned to Sacramento for about five months, from November to April. Then moving to Clyde, Cal., in the spring of 1911, remaining there till September, when he came to Reno. While in Clyde he had a few weeks of "high fever," which apparently was not diagnosed by the physician attending him. After coming to Reno his fever returned, and a blood examination showed a moderate number of ring forms of estivo-autumnal malaria, and a few crescents.

CASE III: Mrs. L., 39 years of age, was born in New Jersey. She gives a history of malaria at the age of 9 years and again at 15 years. No history of malaria since can be obtained. She has lived in New York and New Jersey, northern part, for the larger part of her life. She lived for a couple of years in Southern Virginia several years ago, but has not been in Virginia for two years. In the autumn of 1910 she came west, stopping for one month in Mansfield, Ohio. The past year she has lived in Nevada, from November to May in a mining camp (elevation 6,500 feet) near Luning, Nevada. In May she came to Reno, where she has lived since. No history of fever or malaria can be obtained since she was 15 years old till the 10th of September, 1911. Typhoid fever was suspected and two Widal tests made on different dates, both of which were negative. A blood count was then made for evidence of septic infection, but showed nothing. After careful and prolonged search the ring forms of estivo-autumnal malaria were found in small numbers. No crescents could be found, although several different examinations were made on different days.

CASE IV: Mrs. X., about 40 years of age, had been sick with what was supposed to be typhoid fever for five weeks, with a relapse at the time a blood examination was requested. A Widal was made which was negative. Examination for malaria showed a moderate number of estivo-autumnal ring forms. No crescents could be found. This patient came from the Sacramento Valley a short time before.

These four cases were referred for examination by three different physicians, and in all but one case typhoid fever was first suspected and in one of the cases after two negative Widal tests, septic infection was next suspected which simply emphasizes their regular type of temperature which we frequently meet with in this form of malaria, and the mistakes that

are likely to be made in diagnosis, unless the presence of this form of malaria in Nevada is kept in mind.

So far as I know the presence of estivo-autumnal malaria in Nevada has not been reported, hence it seemed well to mention these four cases in this report, with the brief history that could be obtained. As to whether any of these cases originated here cannot perhaps be positively stated, but the history of Cases I and III would strongly point to their having originated within the State.

I may say, in closing, that all four cases responded promptly to treatment, but that Case I still showed numerous crescents in the blood when last seen, about five weeks after being put on treatment.

MARRIAGE LICENSES

A report upon the issuance of marriage licenses is not made compulsory under the law, but, through the courtesy of the several County Clerks, a complete list of the same was supplied to the board, as follows:

Marriage Licenses Issued in Nevada from July 1 to December 31, 1911

	No. issued
Churchill County	19
Clark County	9
Douglas County	7
Elko County	41
Esmeralda County	29
Humboldt County	25
Lander County	12
Lincoln County	8
Lyon County	13
Mineral County	4
Nye County	55
Ormsby County	27
Storey County	15
Washoe County	170
White Pine County	28
 Total	 462

REVISED INTERNATIONAL CLASSIFICATION OF CAUSES OF DEATH

From July 1 to December 31, 1911

GENERAL DISEASES

Typhoid fever	8
Whooping cough	1
Diphtheria	1
Erysipelas	3
Purulent infection and septicemia	9

TUBERCULOSIS

Tuberculosis of the lungs	30
Acute military tuberculosis	1
Tuberculosis meningitis	1
Tuberculosis of other organs	1
Pneumono koniosis	4

CANCER

Cancer of the buccal cavity	1
Cancer of the stomach, liver	5
Cancer of the peritoneum, intestines, rectum	3
Cancer of the breast	1
Cancer of other unspecified organs	3
Diabetes	4
Luechaemia	1
Alcoholism (acute or chronic)	6

DISEASES OF THE NERVOUS SYSTEM

Simple meningitis	5
Cerebrospinal meningitis (undefined)	3
Cerebral hemorrhage, apoplexy	13
Softening of the brain	2
Paralysis without specified cause	4
General paralysis of the insane	6
Epilepsy	2
Convulsions (nonpuerperal)	1
Convulsions of infants	2

DISEASES OF THE CIRCULATORY SYSTEM

Acute endocarditis	4
Organic diseases of the heart	29
Angina pectoris	5
Diseases of arteries, atheroma, aneurism, etc.	6
Embolism and thrombosis	1
Diseases of lymphatic system (lymphangitis, etc.)	1
Hemorrhage; other diseases of circulatory system	1

DISEASES OF THE RESPIRATORY SYSTEM

Acute bronchitis	1
Chronic bronchitis	2
Bronchopneumonia	3
Lobar pneumonia	15
Pneumonia (undefined)	21
Pulmonary congestion, pulmonary apoplexy	1
Asthma	2
Pneumokoniosis	1

DISEASES OF THE DIGESTIVE SYSTEM

Other diseases of stomach (cancer excepted)	4
Diarrhea and enteritis (under 2 years)	4
Diarrhea and enteritis (2 years and over)	4
Appendicitis and typhlitis	5
Intestinal obstructions	1
Other diseases of the intestines	1
Cirrhosis of the liver	9
Other diseases of the liver	1
Simple peritonitis (nonpuerperal)	9

DISEASES OF GENITO-URINARY SYSTEM

Acute nephritis	5
Bright's disease	20
Salpingitis and other diseases of female genital organs	1

THE PUERPERAL STATE

Puerperal hemorrhage	2
Puerperal septicemia	1

DISEASES OF EARLY INFANCY

Premature birth	14
Congenital debility, atrophy, marasmus, etc.	9
Other diseases peculiar to early infancy	1
Jaundice neonatorum	1

OLD AGE

Senility	5
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AFFECTIONS PRODUCED BY EXTERNAL CAUSES

Suicide by poison	5
Suicide by firearms	5
Poisoning by food	1
Conflagration	1
Burns (conflagration excepted)	3
Absorption of deleterious gases (conflagration excepted)	8
Accidental drowning	5
Traumatism by firearms	3
Traumatism by fall	2
Traumatism in mines and quarries	9
Railroad accidents and injuries	11

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Automobile accidents and injuries.....	1
Injuries by other vehicles.....	2
Landslide, other crushing.....	2
Injuries by animals.....	2
Starvation.....	1
Excessive cold.....	1
Electricity (lightning excepted).....	1
Homicide by firearms.....	10
Homicide by cutting or piercing instruments.....	2
Strangulation from swallowing "pacifier".....	1
ILL-DEFINED DISEASES	
Cause of death ill-defined.....	16
Cause of death not specified or unknown.....	3
Ill-defined organic disease.....	1
Legal hanging.....	1

BIRTHS ACCORDING TO SEX, NATIVITY OF PARENTS AND COLOR

Counties	Half breed—White and red	Black	Red	Yellow	White	Both parents unknown	Mother native, father unknown	Father native, mother unknown	Both parents foreign	Father native, mother foreign	Mother native, father foreign	Both parents native	Twins (pairs of)	Illegitimate	Stillbirth	Females	Males	Total births
Churchill	37	21	16	1	25	10	2	6	6	1	1	37						
Clark	14	10	4	2		10	1	1	1	4	1	14						
Douglas	12	6	6	2		6	1	1	1	1	1	12						
Elko	52	24	28	1	1	1	38	1	3	8	2	52						
Eureka	36	19	17	2	1	25	2	2	5	4	1	34						
Humboldt	10	5	5	2		34	3	5	13	5	1	53						
Lander	55	32	23	2		7	1	2	3	3	1	33						
Lincoln	15	8	1	1		16	2	2	3	2	1	22						
Lyon	22	13	9	1		18	1	2	6	1	1	29						
Mineral	29	17	12	1		1	5	1	1	5	1	5						
Nye	6	4	1			22	4	5	12	5	1	42						
Ormsby	43	23	20			1	9	1	2	3	1	14						
Storey	16	7	8	1		14	1	1	2	5	1	21						
Wasco	22	14	8	1		77	8	16	25	1	3	128						
White Pine	65	32	23	4		40	6	1	9	1	3	64						
Total	649	301	248	17	7	3	350	29	54	103	4	6	3	540	2	2	8	2

DEATHS ACCORDING TO AGE, SEX, COLOR, NATIVITY AND SOCIAL CONDITION
From July 1 to December 31, 1911

CONTAGIOUS, INFECTIOUS AND COMMUNICABLE DISEASES REPORTED BY LOCAL HEALTH OFFICERS
For Six Months Ending December 31, 1911

County	Population	Scarlet fever		Small-pox		Diphtheria and membranous croup		Typhoid fever		Whooping cough		Measles		Chick enpox		Pneumonia		Tuberculosis		Bronchitis		Cerebro spinal meningitis		Diarrhoeal diseases of children		Cancer		Puerperal Septicemia		Hook worm				
		C1	D2	C	D	C	D	O	D	O	D	O	D	O	D	O	D	O	D	O	D	C	D	C	D	C	D	C	D	C	D			
Churchill	2,811	2	0					3	0												1	0	3	1				6	1					
Clark	3,221			3	0			1	1													3	3											
Douglas	1,895			1	0					9	0										1	1							1	0				
Elko	8,133	6	0	4	0	1	0	15	1	0	9	0	4	0	17	3	8	4	20	0	1	0	28	0	1	1								
Esmeralda (estimated)	7,869									2	0										9	4	4	4				2	2					
Eureka	1,630									1	0										4	4							0	1				
Garfield	6,825	3	0	6	0			18	1	0	1	0	16	0	5	4	5	4	2	0	2	1	10	0										
Humboldt	1,736																																	
Lander	3,489	8	0							7	0	33	0										1	1										
Lincoln	3,658									14	0												1	1	3	2								
Lyon	1,500					1	0														2	0	1	1	4	0								
Mineral (estimated)	7,613											28	1	1	224	0	2	1	0	7	7	6	5	3	1									
Nye	3,415											1	0	10	1	16	0	3	2	3	1	1												
Ormsby	3,045											1	0	1	1	6	0	3	2	3	1	1												
Stonewall	17,404	2	0							1	1	88	2			6	0	19	12	3	19	0			4	0	6	5			1			
White Pine	7,441	6	0							1	17	1					13	0	6	3	4	3			3	1		2	1					
Total	81,875	26	0	15	0	3	1	150	8	45	1	255	0	37	0	71	39	50	34	46	3	4	2	64	3	16	13	4	1	1	0			

¹C—Cases. ²D—Deaths.

CAUSES OF DEATH

From January 1, to June 30, 1912

GENERAL DISEASES

Typhoid fever	6
Smallpox	2
Measles	1
Scarlet fever	1
Croup	1
Influenza	2
Erysipelas	1
Purulent infection and septicemia	8

TUBERCULOSIS

Tuberculosis of the lungs	31
Acute miliary tuberculosis	1
Tuberculosis meningitis	3
Tuberculosis of other organs	1
Syphilis	2
Pneumonokoniosis	3

CANCER

Cancer of the buccal cavity	2
Cancer of the stomach, liver	5
Cancer of the peritoneum, intestines, rectum	4
Cancer of the female genital organs	2
Cancer of the breast	2
Cancer of the skin	1
Cancer of other or unspecified organs	2
Acute articular rheumatism	3
Leucemia	1
Anemia, chlorosis	1
Alcoholism (acute or chronic)	12

DISEASES OF THE NERVOUS SYSTEM

Simple meningitis	10
Cerebrospinal meningitis (undefined)	2
Locomotor ataxia	2
Cerebral hemorrhage, apoplexy	14
Softening of the brain	2
Paralysis without specified cause	5
General paralysis of the insane	1
Epilepsy	2
Convulsions of infants	1

DISEASES OF THE CIRCULATORY SYSTEM

Pericarditis	3
Acute endocarditis	14
Organic diseases of the heart	43
Angina pectoris	5
Diseases of arteries, atheroma, aneurism, etc.	10
Embolism and thrombosis	3
Hemorrhage; other diseases of circulatory system	6

DISEASES OF THE RESPIRATORY SYSTEM

Acute bronchitis	3
Chronic bronchitis	1
Bronchopneumonia	10
Lobar pneumonia	19
Pneumonia (undefined)	34
Pulmonary congestion, pulmonary apoplexy	2
Asthma	4
Pulmonary emphysema	1

DISEASES OF THE DIGESTIVE SYSTEM

Other diseases of stomach (cancer excepted)	2
Appendicitis and typhilitis	2
Hernias	2
Intestinal obstructions	2
Cirrhosis of the liver	7

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Other diseases of the liver	1
Diseases of the spleen	1
Simple peritonitis (nonpuerperal)	3
Icterus neonatorum	2

DISEASES OF GENITO-URINARY SYSTEM

Acute nephritis	5
Bright's disease	25
Other diseases of the kidneys and annexa	2

THE PUEPERAL STATE

Puerperal hemorrhage	1
Puerperal septicemia	1

DISEASES OF EARLY INFANCY

Premature birth	8
Congenital debility, atrophy, marasmus, etc.	4
Other diseases peculiar to early infancy	2
Stillbirths	25

OLD AGE

Senility	7
----------------	---

AFFECTIONS PRODUCED BY EXTERNAL CAUSES

Suicide by poison	10
Suicide by asphyxia	3
Suicide by firearms	7
Poisoning by food	1
Conflagration	1
Burns (conflagration excepted)	5
Absorption of deleterious gases (conflagration excepted)	5
Accidental drowning	2
Traumatism by firearms	2
Traumatism by fall	12
Traumatism in mines and quarries	7
Traumatism by machines	1
Railroad accidents and injuries	6
Injuries by other vehicles	1
Excessive cold	2
Electricity (lightning excepted)	1
Homicide by firearms	16
Homicide by cutting or piercing instruments	1
Homicide by other means	2
Fractures (cause not specified)	4

ILL-DEFINED DISEASES

Cause of death ill defined	11
Cause of death not specified or unknown	1

TOTAL MARRIAGES BY COUNTIES

For six months ending June 30, 1912

Churchill County	19
Clark County	19
Douglas County	3
Elko County	29
Esmeralda County	19
Eureka County	5
Humboldt County	23
Lander County	8
Lincoln County	11
Lyon County	14
Mineral County	2
Nye County	26
Ormsby County	21
Storey County	19
Washoe County	118
White Pine County	28

Total

BIRTHS ACCORDING TO SEX, COLOR AND NATIONALITY OF PARENTS
For Six Months Ending June 30, 1912

Counties	Half-breeds— white and red	Black	Red	Yellow	White	Both parents unknown	Mother native, father unknown	Father native, mother unknown	Both parents foreign	Father native, mother foreign	Mother native, father foreign	Both parents native	Twins, pairs	Illegitimate	Stillbirths	Females	Males	Total births
Churchill	27	14	13	1	1	1	20	2	5	5	2	27	39	1	1	1	1	65
Clark	39	23	16	1	1	1	14	4	3	4	3	39	24	1	1	1	1	82
Douglas	24	15	9	1	1	1	51	3	2	8	1	24	34	1	1	1	1	64
Eliko	64	38	28	6	6	2	37	1	7	19	1	48	13	13	13	13	13	13
Esmeralda	64	29	3	2	1	1	4	4	1	4	1	48	13	13	13	13	13	13
Eureka	13	6	7	1	1	1	26	2	4	16	1	6	17	17	17	17	17	17
Humboldt	48	26	22	1	1	1	8	1	1	16	1	1	17	17	17	17	17	17
Lander	15	8	7	1	1	1	16	1	1	16	1	1	17	17	17	17	17	17
Lincoln	17	5	12	1	1	1	9	4	1	1	1	1	18	18	18	18	18	18
Lyon	27	17	10	1	1	1	2	1	1	1	1	1	27	27	27	27	27	27
Mineral	3	1	2	1	1	1	26	1	7	15	1	3	46	46	46	46	46	46
Nye	47	31	16	1	1	1	7	3	1	1	1	11	11	11	11	11	11	11
Ormsby	11	7	4	1	1	1	17	4	1	2	2	2	26	26	26	26	26	26
Storey	26	19	7	1	1	1	21	8	8	49	1	1	165	165	165	165	165	165
Wasco	159	79	80	6	2	2	45	3	3	14	1	1	166	166	166	166	166	166
White Pine	66	37	29	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	650	361	289	24	7	6	389	66	32	188	2	3	640	4	3	3	3	640

DEATHS ACCORDING TO AGE, SEX, COLOR AND SOCIAL CONDITION
From January 1 to June 30, 1912

**INFECTIOUS, INFECTIOUS AND
COMMUNICABLE DISEASES REPORTED BY LOCAL HEALTH OFFICERS**
For Six Months Ending June 30, 1912

CAUSES OF DEATH

From July 1 to December 31, 1912

GENERAL DISEASES

Typhoid fever.....	5
Smallpox.....	1
Whooping cough.....	3
Influenza.....	1
Erysipelas.....	3
Purulent infection and septicemia.....	12
Tetanus.....	1

TUBERCULOSIS

Tuberculosis of the lungs.....	25
Acute miliary tuberculosis.....	1
Tuberculosis of other organs.....	4
Syphilis.....	6

CANCER

Cancer of the stomach, liver.....	10
Cancer of the peritoneum, intestines, rectum.....	3
Cancer of the female genital organs.....	2
Cancer of other or unspecified organs.....	7
Other tumors (except of female genital organs).....	4
Diabetes.....	3
Exophthalmic goitre.....	1
Alcoholism (acute or chronic).....	5

DISEASES OF THE NERVOUS SYSTEM

Simple meningitis.....	6
Cerebrospinal meningitis (undefined).....	3
Cerebral hemorrhage, apoplexy.....	10
Softening of the brain.....	3
Paralysis without specified cause.....	4
Epilepsy.....	2
Convulsions of infants.....	2

DISEASES OF THE CIRCULATORY SYSTEM

Pericarditis.....	1
Acute endocarditis.....	6
Organic diseases of the heart.....	27
Angina pectoris.....	6
Diseases of arteries, atheroma, aneurysm, etc.....	2
Embolism and thrombosis.....	2
Hemorrhage; other diseases of circulatory system.....	3

DISEASES OF THE RESPIRATORY SYSTEM

Diseases of the larynx.....	1
Acute bronchitis.....	1
Chronic bronchitis.....	2
Bronchopneumonia.....	7
Lobar pneumonia.....	28
Pneumonia (undefined).....	42
Pneumokoniosis.....	1
Pulmonary congestion, pulmonary apoplexy.....	4
Asthma.....	4

DISEASES OF THE DIGESTIVE SYSTEM

Ulcer of the stomach.....	1
Other diseases of stomach (cancer excepted).....	9
Diarrhea and enteritis (under 2 years).....	8
Diarrhea and enteritis (2 years and over).....	5
Appendicitis and typhlitis.....	3
Intestinal obstructions.....	3
Other diseases of the intestines.....	8
Hydatid tumor of the liver.....	1
Cirrhosis of the liver.....	4
Biliary calculi.....	1
Other diseases of the liver.....	1
Simple peritonitis (nonpuerperal).....	10

REPORT OF STATE BOARD OF HEALTH

DISEASES OF GENITO-URINARY SYSTEM

Acute nephritis	3
Bright's disease	15
Other diseases of the kidneys and annexa	1

THE PUERPERAL STATE

Puerperal septicemia	2
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DISEASES OF EARLY INFANCY

Premature birth	6
Congenital debility, atrophy, marasmus, etc.	15
Stillbirths	15

OLD AGE

Senility	12
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AFFECTIONS PRODUCED BY EXTERNAL CAUSES

Suicide by poison	4
Suicide by hanging or strangulation	2
Suicide by firearms	7
Suicide by cutting or piercing instruments	1
Suicide by jumping from a high place	1
Other acute poisonings	2
Conflagration	1
Burns (conflagration excepted)	1
Accidental drowning	6
Traumatism by firearms	4
Traumatism by fall	7
Traumatism in mines and quarries	18
Railroad accidents and injuries	21
Injuries by other vehicles	1
Landslide, other crushing	1
Starvation	1
Lightning	1
Electricity (lightning excepted)	3
Homicide by firearms	6
Homicide by cutting or piercing instruments	2
Fractures (cause not specified)	2

ILL-DEFINED DISEASES

Cause of death ill defined	5
Cause of death not specified or unknown	16
Ill-defined organic disease	1
Sudden death	1

TOTAL MARRIAGES BY COUNTIES

For Six Months ending December 31, 1912

Churchill County	16
Clark County	15
Douglas County	7
Elko County	31
Esmeralda County	29
Eureka County	4
Humboldt County	26
Lander County	12
Lincoln County	15
Lyon County	11
Mineral County	4
Nye County	27
Ormsby County	25
Storey County	26
Washoe County	194
White Pine County	43
Total	485

LOCAL HEALTH OFFICERS*December 31, 1912*

George M. Gardner, M.D.	Fallon, Churchill County
Roy W. Martin, M.D.	Las Vegas, Clark County
E. H. Hawkins, M.D.	Gardnerville, Douglas County
A. J. Hood, M.D.	Elko, Elko County
E. A. Wheeler, M.D.	Goldfield, Esmeralda County
G. M. Roberts, M.D.	Eureka, Eureka County
P. J. Mangan, M.D.	Winnemucca, Humboldt County
G. L. Belanger, M.D.	Austin, Lander County
J. West Smith, M.D.	Caliente, Lincoln County
G. E. Leavitt, M.D.	Yerington, Lyon County
F. C. Pache, M.D.	Mina, Mineral County
C. J. Richards, M.D.	Tonopah, Nye County
W. J. Circe, M.D.	Carson City, Ormsby County
Fred W. Hodgens, M.D.	Virginia, Storey County
S. K. Morrison, M.D.	Reno, Washoe County
C. W. Woods, M.D.	Ely, White Pine County

BIRTHS, ACCORDING TO SEX, COLOR, AND NATIONALITY OF PARENTS
For Six Months Ending December 31, 1912

DEATHS ACCORDING TO AGE, SEX, COLOR, NATIONALITY AND SOCIAL CONDITION
From July 1 to December 31, 1912

County	Important ages	Stillbirths									
		Unknown	Divorced	Widowed	Married	Single	Unknown	Foreign	Native	Colored	White
Churchill	6	2			1	2		1	9	5	14
Clark	3	1			1	1		1	6	4	9
Douglas	1				1	1	1	1	1	3	3
Elko	4	1	2	6	3	6	7	9	11	35	1
Esmeralda	7	3	1	4	4	8	11	4	1	32	13
Eureka	1		2	2	1	2	1	1	8	3	10
Humboldt	3	1	1	5	7	5	7	4	1	29	8
Lander	2			1	1	2	2	2	1	4	4
Lincoln	3	1	2	3	1	3	2	2	16	3	17
Lyon	3	1	4	4	1	3	1	1	1	10	1
Mineral	3	1	3	1	2	2	1	1	4	1	4
Nye	3	3	1	1	3	8	9	5	4	33	6
Ormsby	1			3	3	3	3	3	2	9	14
Storey	10	2	1	6	19	26	24	25	20	16	17
Wasco	4	3	2	14	4	7	6	4	18	41	30
White Pine	45	22	5	25	49	66	69	77	56	55	20
Total									370	140	466

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**CONTAGIOUS, INFECTIOUS AND COMMUNICABLE DISEASES REPORTED BY THE LOCAL HEALTH OFFICERS
For Six Months Ending December 31, 1912**

County	Population	Scarlet fever		Diphtheria and Membranous Group		Typhoid fever		Whooping cough		Measles		Chick-enpox		Pneu-monia		Tuber-culosis		Bron-chitis		Acute anterior polio-my-o-itis		Cerebro spinal menin-gitis		Diarr-heal dis-eases of chil-dren		Cancer		Puer-eral sepsi-cemia		Rocky moun-tain spotted or tick fever		
		C ¹	D ²	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	
Churchill	2,811					9	1			5	0	6	0	4	1	41	0	1	0	1	1	34	0	1	1	0						
Clark	3,221					2	0	2	1	1	1	7	0	1	8	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1		
Douglas	1,886	1	0	11	0	9	1	87	2	6	0	12	0	33	10	22	1	60	0	1	1	19	0	28	6	1	0	2	2	2		
Elko	8,133																															
Esmeralda (est.)	7,869																															
Eureka	1,630					1	1			1	1	6	0			4	1	1	1	1	0	1	0	1	1	1	1	1	1	1		
Garfield	6,825	11	0			14	1			1	1	66	0			2	2	2	2	4	0			3	0							
Humboldt	1,786	6	0																													
Lander	3,889	1	0			3	0	2	0	7	0			12	0	6	0															
Lincoln	3,668																															
Mineral (est.)	1,500																															
Nye	7,513	1	0	1	0					9	1																					
Oreana	3,415	2	0	2	0																											
Ormsby	3,046	2	0	41	1				42	1																						
Shoshone	17,404	1	0	1	0																											
Washington	7,441																															
White Pine																																
Totals	81,876	25	0	59	1	2	0	106	6	46	4	78	0	19	0	162	41	77	18	170	2	3	0	5	4	144	4	54	14	5	1	0

1C—Cases. 2D—Deaths.

SUMMARY OF VITAL STATISTICS

From January 1 to December 31, 1912

Total marriages	849
Total births, exclusive of stillbirths.....	1,203
Total deaths, exclusive of stillbirths.....	976
Estimated population.....	81,875

HISTORY OF VITAL STATISTICS AND HEALTH LAWS IN NEVADA

The first general health law of Nevada was passed by the Legislature during the session of 1893, and approved by Governor R. K. Colcord on March 6 of the same year.

Although a sovereign State for nearly thirty years, the above was the first legislative enactment looking toward the protection of public health, and even this recognition of a need long denied was born of fear. Asiatic cholera was then raging in Europe, and our Atlantic seaboard was threatened by its invasion, so the better to protect our people from its ravages the law was passed.

The Act of 1893 has been several times amended, but the amendments were designed to meet some special condition, rather than general in their application. The law was narrow in scope, and the appropriation too small (\$1,000 per annum) to accomplish any particular good, so Nevada trailed along in the wake of her more ambitious and progressive sisters until 1911, when a new era dawned, and a new order of things was inaugurated.

During the session of 1911 the Legislature passed, with but one dissenting vote, a vital statistics law, similar in its provisions and character to that formulated by the United States Census Bureau. The Act was approved by Governor Tasker L. Oddie on March 27, 1911.

Up to this time no reliable registration of births or deaths had been kept. True, a law had been passed in 1887, and approved by Governor C. C. Stevenson on February 26, of that year, which required physicians and midwives to report to the several County Recorders all births, and undertakers to report all interments to the same officers, but the penalty for failure to comply with the provisions of the Act was nominal, so the law was more honored in the breach than in its observance.

The necessity for a human statistics law, and a vigorous enforcement of the same, is apparent. By reason of such lax legislation, and failure on the part of physicians, midwives and undertakers to report, and the Recorders to keep proper histories, estates legally due to native-born children of foreign parentage have escheated to the crown of European kings, princes and potentates, when the possession of a legally executed birth certificate would have protected the heir from such spoliation. For like reasons estates have been diverted or withheld from those morally entitled to them, because their claims were not supplemented with a duly executed death certificate.

Native-born children returning from abroad on emigrant ships have been held for weeks on Ellis Island as indigent foreigners and subject to deportation for the want of a birth certificate to prove their nativity. Our people are denied the marriage license in European countries if unarmed with the same. American students are refused matriculation in the Universities of France for a like reason.

The necessity for vital statistics is felt in nearly every phase of human existence. Especially is this true in matters of demography, in that of

estates, in establishing property rights of inheritance, insurance and pensions. They are important factors in a medico-legal sense, *i. e.*, in their bearing upon the laws governing child labor, the age of consent, etc.

During the past year members of the board have visited various counties in the State to assist the local health officers in the discharge of their duties, *i. e.*, in matters of quarantine or the suppression of epidemics of contagious or infectious diseases. A member of the board at this writing is making a sanitary survey of the mess-houses and quarters occupied by the employees of the mining and smelting companies operating in Ely, White Pine County.

At the semiannual meeting on July 1, 1912, the board issued the following rules and regulations:

The better to aid the State Mining Inspector in protecting the lives and health of miners and mine employees, the following rules and regulations are hereby passed:

WHEREAS, The mining industries constitute a large part of the industries of the State, and give employment to a large portion of her population; and

WHEREAS, A number of diseases are peculiarly incident in origin or spread to mining conditions; and

WHEREAS, The health of the miners and mine employees is of importance to the State at large as well as to the individual; therefore, be it

Resolved, That the following rules and regulations be recommended by the State Board of Health for adoption in the various mines of the State to protect the lives and health of the miners and mine employees, and of others outside the mines to whom such diseases may be communicated:

DUST

First—All machine drilling operations in metalliferous mines shall be conducted in such a way as to prevent dust.

Second—Where work is carried on in dusty stopes or ore houses, the same shall be provided with adequate facilities which must be used for wetting down the ore and rock to prevent the escape of dust into the air during handling.

Third—Blasting shall be so arranged that men working in other places shall be exposed as little as possible to dust and smoke arising from such blasting.

Fourth—Where workmen are required to enter places in which dust and smoke exist, they must be provided with aspirators, and be required to wear them.

VENTILATION

All working places must be provided with adequate ventilation.

SANITATION

1. Bath and change houses must be provided at mines where more than twenty (20) men work underground, and these must be kept in sanitary condition.

2. Warning cards, concerning indiscriminate spitting, and the danger arising therefrom, must be posted in all mines.

3. All persons infected with tuberculosis of the lungs must be excluded from underground workings.

4. On the surface and underground in all mines employing twenty (20) or more men, suitable accommodations in the way of sanitary conveniences must be provided, and must be kept disinfected and in sanitary condition at all times.

5. For construction camps, and where a large number of laborers are housed under the control of a mine, the sanitary code in use by the United States Reclamation Service should be observed.

SANITARY REGULATIONS GOVERNING CAMPS IN THE UNITED STATES RECLAMATION SERVICE

The following is the sanitary code enforced by the engineers in charge of construction under the United States Reclamation Service:

CAMP SITES—Especial care should be exercised in the location of camp sites. They should be placed upon well-drained ground where sun and air may have free access and as far as possible from bodies of quiescent water, such as bog holes, seepage ponds and sinks. Low places along river bottoms should be

avoided whenever possible, and in case it becomes necessary to establish a camp at any point where the ground water table is close to the surface, each camp structure should be surrounded at its base by a trench of from one to two feet in depth and an outlet provided for emergency use to drain off water which may collect there.

CAMP STRUCTURES—Camp sites should always be selected convenient to some source of water supply, but the camp structures should not be placed in close proximity thereto. The slope and nature of the soil should be considered and no structure should be erected at a point from which effete matter may filter through the ground and infect the water supply.

LAVATORY ARRANGEMENTS—Arrangements should be made for the rapid and complete disposal of water from wash basins, tubs, etc. In the case of permanent camps a sink should be provided with pipe connection to a covered cesspool located at a point from which there will be no drainage to a well or other stored water supply. Whenever the conditions are such as to make this arrangement impracticable, the lavatory should be placed at a point similar to that described in the case of the cesspool. Where the nature of the ground is not such as to readily absorb all wash water an excavation of proper dimensions should be made and filled with loose material to a level with the ground surface.

WATER SUPPLY—The water supply for all camps, especially that used for drinking and cooking, should be absolutely free from all suspicion of dangerous organic contamination. Old wells in questionable positions with reference to surface or outbuilding drainage should be avoided, and wherever there are no wells free from such suspicion upon the site of a permanent camp new ones should be sunk at unquestionable points. Wherever it is necessary to erect a camp at which the only water available is open to suspicion or is known to be contaminated with animal wastes, such water should be purified by boiling or filtration. If the former course is taken, great care should be exercised to maintain at all times a sufficient quantity of stored water which has been cooled after boiling. In many cases where boiling has been resorted to for water purification, this rule has not been observed and the members of the camps, finding no water or only that recently boiled, have been induced to drink raw water. Such an act destroys the value of all previous precautions. Filtered water is far more palatable and generally as safe as that which has been boiled. The Borkefold filter is the one best adapted for such uses. It can be provided in various sizes and should be installed with a suitable container to store filtered water. The pressure should be developed either by pumping direct through the filter or by placing a small reservoir at some point higher than the filter and allowing the filtration process to go on continuously into the clear water reservoir.

FLIES AND MOSQUITOES—The most important sanitary provision in connection with camps is that of exclusion of flies from cook tents, mess tents and privy vaults; yet this is the very provision which is most frequently overlooked. According to the report of the commission appointed by President McKinley to investigate into the occurrence of typhoid fever among the soldiers during the Spanish war, almost every outbreak which occurred was due to the lack of sufficient protection against flies. Therefore, special care should be taken to exclude flies from all places in which foodstuffs are exposed, and, if necessary, in the large camps a man should be detailed to accomplish this purpose.

Mess and cook tents or houses should be provided with screens at all windows and each door which leads into the outer air should be provided with a vestibule about four feet square, constructed in the following manner: The dividing partition and the door between the cook or mess tent and the vestibule should be of wood as well as the dividing wall. The door and walls should be painted black or some dark color; the remainder of the vestibule should be of durable wire netting and the door leading from the vestibule out of the same material. With such a provision, the flies which enter the outer screen door during the time when people are passing through will be caught in the vestibule and will congregate upon the wire part of the vestibule in preference to the dark colored wood next to the cook or mess tent, and only a very small portion of the flies entering the vestibule will under such conditions escape into the larger apartment. If the cook and mess tents or houses are not built under a common roof, the passage between the two should be thoroughly screened, and if an entrance is made from the outside to the passage, vestibules should be provided as above described.

Of equal importance is the thorough screening of privy vaults and vault apartments, for it is from such places that flies, carrying upon their bodies

effete material, diffuse throughout the camp an epidemic by coming in contact with foods. Without proper screening a disastrous epidemic of typhoid may be easily spread through a camp if one of the members of the camp—or, indeed a transient guest—should be in the prodromal stages of the disease. It is at these times that the discharges are most virulent. Vaults should, therefore, be built of tight material and be provided with a vestibule at the entrance similar to that above described in the case of cook and mess apartments.

Wherever it is possible to do so sleeping apartments should be thoroughly screened, not only for the comfort of the members of the camp, but to protect them from mosquitoes, which transmit malarial infection. The genus anopholes, which transmits the malarial infection through its proboscis, does not commonly fly about during the day, but is active at night and should be excluded from sleeping apartments.

Camps should be well supplied with sticky fly paper in cook and mess apartments, and all flies, mosquitoes, etc., should be excluded so far as it is possible to do so before foodstuffs are exposed.

GARBAGE—Garbage should not be allowed to remain upon camp premises for any length of time, but should be removed as frequently as conditions will allow. While it is necessarily stored upon premises it should be kept in metal containers and protected from flies and other vermin.

Privy vaults should always be placed at a considerable distance from other camp structures, should be kept as dry as possible, and should not be so placed that the drainage therefrom will infect the local water supply.

SANITARY SURVEY AT ELY

HON. TASKER L. ODDIE, *Governor of Nevada, Carson City, Nevada.*

MY DEAR SIR: In response to your request for a sanitary survey of the mining camps of the Ely District, and particularly of the Greek quarters in those camps, I beg to submit the following report:

I have visited the camps at McGill, Ruth, Copper Flats, the Giroux properties, and the Veteran Camp.

The Nevada Consolidated Company was most courteous in taking me about the various camps and in answering all questions pertaining to their policy in housing the men and the general sanitary supervision of the camps, inviting suggestions for bettering the situation of the camps. They have recently employed a man thoroughly acquainted with modern sanitary methods to have entire supervision of the sanitary situation in all their camps, a move to be thoroughly commended and one that will doubtless be productive of much improvement in that direction.

In general I may say that the sanitary condition in all the camps is fairly good—very good in several of the camps. There have been no epidemics in any of the camps and very little sickness of any kind. Each camp has an emergency hospital and resident physician, and the Nevada Consolidated maintains a thoroughly modern, commodious and well-equipped hospital in East Ely. The water supply in the different camps is piped in from a distance and is apparently safe and satisfactory.

The conditions in McGill, in general, are good. There is a little tendency to overcrowd among the Greeks, a thing the general manager tells me they have been systematically working to eliminate for several years past and which they are gradually overcoming by building more bunk-houses, and tearing out additions put up by the Greeks themselves for the accommodation of friends recently arrived.

The out-houses are fairly sufficient in number, well excavated, well banked, and disinfected with lime several times each week. On the whole they are clean and satisfactory.

Scavenger service is good here, several wagons making daily rounds of the entire camp and hauling off all refuse.

The company stables are well cared for and free from accumulations.

The bakeries, meat shops, and stores need no criticism, being clean and well kept.

A public swimming pool is maintained for the employees, and is well patronized, the only restriction being venereal disease.

The bunk-houses for the Greeks are of the two- or three-room size, are warmly built, and fuel is provided by the company. Sufficient provision is made for

light and ventilation, if utilized. The rooms are in general not well kept nor clean inside.

The camp at Ruth scarcely needs mention, except by way of commendation. Here the dining-hall as well as bunk-houses and residences for the employees is directly under the management of the company. Everything appeared in first-class order.

The condition at Copper Flats is not so good. The lack of efficient scavenger service is apparent. The out-houses in some cases are not as clean and sanitary as they should be. The Greek bunk-houses are not as clean and sanitary as they should be. The Greek bunk-houses are commodious and have sufficient provision for light and ventilation. They are not clean and well kept inside.

The Veteran camp was just starting up operations after having been idle for some time. They were busy cleaning up the restaurants and bunk-houses. Here the bunk-houses are of the older and larger size, which is not so desirable.

At the Giroux properties there was evident lack of scavenger service. The bunk-houses are of the older and larger style, were not clean and well kept inside, and there was here some evidence of a tendency on the part of the Greeks and Italians to overcrowd. Many of the houses here are built and owned by the employees. Their condition appears no better, if as well, as those owned and cared for by the company.

There were one or two cases of smallpox under quarantine in this camp.

The management here also invited suggestions for the betterment of conditions. They expressed themselves as not approving of the large bunk-houses, which were built in the early days of the camp, and suggested that if more were built they would favor the two- or three-room houses.

In summing up the whole situation the conditions in all the camps are fairly good, and, as noted above, are very good in some of them. The following suggestions were made to the managements while there, and, in looking over the situation from a distance since, seem to me to be adequate. With the spirit of the companies to improve conditions, and especially of the Nevada Consolidated, who have employed a well-trained man to supervise the sanitary situation in all their camps, I have no doubt the minor defects pointed out above will be corrected.

First—Watchfulness should be maintained with reference to the tendency of certain classes to overcrowd.

Second—Scavenger service should be regular, daily, and thorough in all the camps, as is maintained at present in several.

Third—The bunk-houses, rooms of the men as well as halls and outside, should be cared for by a regular employee of the company for that purpose, sweeping and airing the rooms daily; scrubbing and disinfecting them as often as necessary.

Fourth—A little more attention should be given to the cleanliness and sanitary condition of the out-houses in a few instances.

Fifth—Any new bunk-houses erected should be of the smaller size—two to five rooms.

Sixth—All men beginning work for the company should be required to show a good vaccination scar or be vaccinated.

O. P. JOHNSTONE,
Member State Board of Health.

A REVIEW OF SOME OF THE CONTAGIOUS AND COMMUNICABLE DISEASES

PNEUMONIA

Of all communicable diseases, pneumonia harvested the greatest death rate. From January 1 to December 31, 1912, 330 cases were reported, of which 102 were fatal.

TUBERCULOSIS

Pulmonary tuberculosis is increasing in our mountain State, claiming its victims by scores; 52 deaths from its ravages out of 190 cases reported.

ROCKY MOUNTAIN SPOTTED (TICK) FEVER

Of this disease 11 cases have been reported, 9 of which occurred in Humboldt County, and 2 in Washoe, although it is probable that all of

those cases were infected in Humboldt, as the disease prevails among the sheepherders about Paradise Valley and Golconda, Humboldt County, almost every year. No death resulted from it during 1912.

SMALLPOX

This loathsome disease has prevailed, sporadically, in almost every county in the State, and as an epidemic in Washoe, Elko, and Humboldt. It has been of mild type, only 3 cases having resulted fatally out of 215 reported.

TYPHOID FEVER

Typhoid fever has been reported from every county in the State except Esmeralda, Lincoln, and Storey. Washoe leads the list with 97 cases. Cases reported, 228, with 24 deaths.

ACUTE ANTERIOR POLIOMYELITIS

During the year of 1912 but 6 cases of this disease were reported, 2 from Clark County, 2 from Humboldt, and 2 from Washoe, all of whom recovered.

SPOROTRICHOSIS

Dr. O. P. Johnstone of the State Board reports the following cases of this rare infection:

Two cases of sporothrix infection of the throat have been recognized in Reno during the past year. Sporotrichosis is rather a rare disease, the first case having been reported by Schenck (Bulletin, Johns Hopkins Hospital) in 1898. Since that time 57 cases have been reported in America, about 50 cases in France and two or three cases in Germany. Those reported in America have been largely from the Missouri Valley, although scattering cases have been observed from coast to coast. The disease probably is of more frequent occurrence than the reports indicate, but owing to the lack of accurate diagnosis, goes unrecognized. These are the first cases of sporothrix infection of the throat to be reported in America, all the others being infections of the skin or subcutaneous tissues.

RECOMMENDATIONS

After a year and a half of close observation a number of weak spots in the law, so to speak, are apparent, and call for correction or amendment, if all that is hoped for is to be attained. First among the needed changes is the length of time for which the local registrar is appointed. In one county, at least, the term of office is but four months, hence such an appointee has scarcely mastered the intricacy of the work when his term expires. I would strongly urge that the period be extended to at least one year.

Another correction called for is the compensation of deputy registrars. In some of the counties no such appointments have been made; in others, deputies have been installed, but no compensation allowed. In view of the fact that the local registrar and his deputies are the collectors of all statistical information, surely they should be compensated, either by a fixed salary, or, as obtains in some States, a certain sum should be allowed for each certificate emanating from them.

The law should also be so amended as to compel physicians, under penalty, to report to the local health officer, all cases of contagious, infectious, or communicable diseases within twelve hours after making such diagnosis.

Lastly, County Clerks should be required to submit to the Secretary of the State Board, on or before the 10th day of each month, a list of marriage licenses issued from their offices during the preceding month.

I am pleased to say that the local registrars in most of the counties have exhibited praiseworthy zeal in the discharge of their duties, so creditable, in fact, that I feel safe in saying that during the eighteen months since the law went into effect fully 95 per cent of births and deaths have been reported, whereas in the State of New York, after ten years' work under the most approved system, and supported by a stupendous appropriation for its execution, 90 per cent of births is as high a rate as they have ever been able to secure.

In concluding this report the board takes great pleasure in acknowledging the valuable assistance rendered and the courtesy extended to our Secretary by Dr. William F. Snow, the able and genial secretary of the California State Board of Health, and to his corps of most competent assistants.

